

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVS5282PCA</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>10/16/2009</b>
NAME OF PROVIDER OR SUPPLIER  <b>CARE 4 LIFE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>8687 W SAHARA AVE #190 LAS VEGAS, NV 89117</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
P 000	<p>Initial Comments</p> <p>Surveyor: 27469 This Statement of Deficiencies was generated as a result of a complaint investigation conducted in your facility on 10/15/09 and finalized on 10/16/09, in accordance with Nevada Administrative Code, Chapter 449, Personal Care Agencies.</p> <p>Complaint #NV00023232 was unsubstantiated.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.</p> <p>Additional deficiencies were identified during the process of the complaint investigation.</p>	P 000		
P 420 SS=C	<p>Section 20.1(a-c) Disclosure</p> <p>Sec. 20. 1. When a person is accepted as a client by an agency, the agency shall:</p> <p>(a) Provide a written disclosure statement to the client;</p> <p>(b) Require the client or a representative of the client to sign the written disclosure statement; and</p> <p>(c) Ensure that a copy of the written disclosure statement is incorporated into the record of the client.</p> <p>This STANDARD is not met as evidenced by: Surveyor: 27469 Based on record review on 10/15/09, the agency did not have documentation that 1 of 1 clients had signed a disclosure statement.</p>	P 420		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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P 420	Continued From page 1  1 client file was reviewed. The file for Client #1 did not have documentation of a signed disclosure statement.  A phone interview was conducted with Employee #1 on 10/16/09 at 12:50 PM. The employee stated he was not sure why he did not take out a new service plan for Client #1 to sign when he took out the service agreement for signature.  Severity: 1      Scope: 3	P 420			
P 450 SS=D	Section 21.1(2) Grievance Procedure  2. The administrator of an agency shall establish and enforce a procedure to respond to grievances, incidents and complaints concerning the agency in accordance with the written policies and procedures of the agency. The procedure established and enforced by the administrator must include a method for ensuring that the administrator or his designee is notified of each grievance, incident or complaint. The administrator or his designee shall personally investigate the matter in a timely manner. A client who files a grievance or complaint or reports an incident concerning the agency must be notified of the action taken in response to the grievance, complaint or report or must be given a reason why no action was taken.  This STANDARD is not met as evidenced by: Surveyor: 27469 Based on record review and policy review, the agency failed to follow their Grievance Policy for 1 of 1 clients.	P 450			

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P 450	<p>Continued From page 2</p> <p>The agency failed to follow their Grievance Policy or 1 of 1 clients (Clients #1) which stated the administrator or his designee will have the grievance investigated in a timely manner and the client would be notified of the action taken in response to the grievance. There was no documented evidence of any investigation completed regarding an employee sleeping on the job or an employee providing insulin injections to the client.</p> <p>Severity: 2      Scope: 1</p>	P 450		

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